

MDR Tracking Number: M2-03-1196-01  
IRO Certification# 5259

June 25, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

This is a lady who was injured on \_\_\_\_\_. She was treated with chiropractic care. As a part of this care there was a request for the purchase of an RS4i muscle stimulator. Two previous pre-authorization reviewers, both chiropractic providers, denied this request. The only clinical information provided was a form, printed by the vendor, and a boilerplate letter of medical necessity that did not contain any pertinent clinical information specific to this patient.

#### REQUESTED SERVICE (S)

Purchase of an RS4i Sequential Stimulator

#### DECISION

Endorse the prior denial determination made.

#### RATIONALE/BASIS FOR DECISION

Based on the very limited clinical evidence presented, there is no objective medical evidence of the efficacy of this device. There is no documentation that this device reduced the need for oral analgesics. There is no documentation that complaints of pain were reduced with a trial usage of this device. Moreover, there is no documentation that a trial was demonstrating any effectiveness.

Clearly, this is not reasonable and necessary care based on the clinical data provided. At this point in the rehabilitation process, there is less a need for passive modalities and a significant requirement for more active procedures. That would negate the need for this device. Lastly, as per the Philadelphia study, this device offers nothing more than placebo effect. Accordingly, there is no need for the purchase of this device.

### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 26<sup>th</sup> day of June 2004.